

Practice Considerations

Type of practice desired: (rank each from 1st to 9th based on preference)

____ Multi Specialty Group	____ Solo	____ State Institution
____ Single Specialty Group	____ Solo w/ Associate	____ Rural Health Clinic
____ Partnership	____ Hospital Based	____ Community/Migrant Health Center

Minimum salary requirements? _____

What is your geographic preference? (Please add any information about where you want to live, help us place you.)

☐ Coastal ☐ No Preference

☐ Midlands ☐ Comments: _____

☐ Upstate

What size community would you prefer? (rank from 1 to 4)

(Remember that our focus is on rural communities) _____ less than 5,000 _____ 25,000 – 50,000 _____ 5,000 – 10,000
_____ 50,000 – 100,000 _____ 10,000 – 25,000 _____ 100,000 – 250,000

Miscellaneous:

Please check one: ☐ US Citizen ☐ Permanent US Visa ☐ Other type of Visa _____

If you are bilingual, please tell us which language(s)? _____

What is your reason for leaving your current position? _____

Personal Data (This information is OPTIONAL but it will help to better match you and your family to a community and a practice)

Birth Date: _____ Marital Status: ☐ Married ☐ Significant Other ☐ Single ☐ Divorced

City/State where raised: _____

Name of spouse/significant other and any special needs/interests: _____

Long-term professional goals: _____

Any added information you would like to share to help us to match you and your family to a suitable practice opportunity and community?
